

## **Incident Report**

Incident Type:

Venue:

Source:

Collision

911

3

3

Lake Stevens

POSTED TO CITY WEBSITE

Print Date/Time: 12/16/2016 11:47

Login ID: ss0139 Lake Stevens Police Department

**ORI Number:** WA0311900

Incident: 2016-00024975

Incident Date/Time: 12/15/2016 6:44:00 AM Location: SR 9 SE / 20TH ST SE

LAKE STEVENS WA 98258

Phone Number: (360) 913-1015

Report Required: No **Prior Hazards:** No

Priority: Status: LE Case Number: Nature of Call:

Unit/Personnel

Unit Personnel 1947 SS0136-Shein 1948 SS0138-Fiske

Person(s)

No. Role Name Address Phone Race Sex DOB

1 Reporting Party NOBACH, CARRIE (360) 913-1015

38418 SR 530 NE Involved Party WEST, KACEY DEAN (360) 913-3904 White Male 08/26/1996 1

Arlington WA 982239269

Vehicle(s)

Make Role Year Model Color License State Type

Involved Vehicle AUT2466

Involved Vehicle Passenger Car 2003 Hyundai Accent Black AUT2466 WA

Disposition(s)

Disposition Count

Μ 1

Property

Date Code Type Make Model Description Tag No. Item No.

## **CAD Narrative**

12/15/2016: 06:58:03 ss0138 Narrative: driver did not leave, it was witness that left

12/15/2016: 06:57:22 SP0291 Narrative: NON INJ,

12/15/2016: 06:56:03 SP0291 Narrative: ONE CAR OFF SIDE OF ROAD, CHECKING FOR INJ

12/15/2016: 06:52:12 SP0291 Narrative: CXL M82 PER E82

12/15/2016: 06:50:06 SP0224 Narrative: RP IS WITNESS, AND NOT STAYING ON SCENE HAS TO GET TO WORK

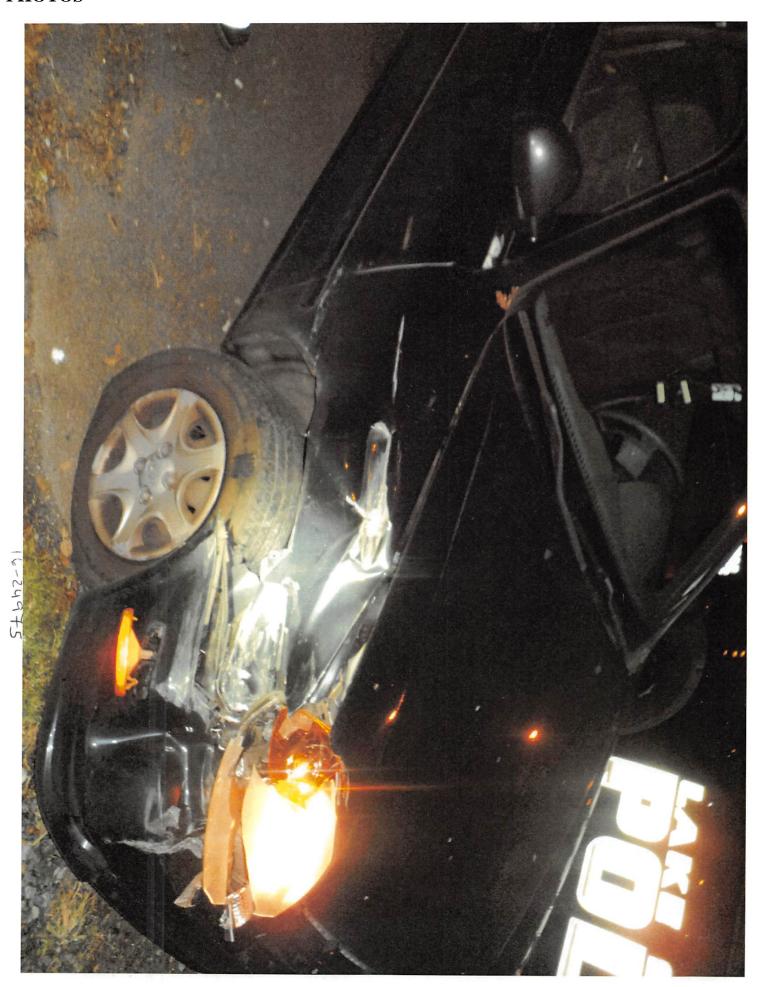
12/15/2016: 06:49:31 SP0224 Narrative: DRIVER OF THE GRN SEDAN LEAVING WB ON 20TH ST SE. L/UNK. NFI LR/224

12/15/2016: 06:49:05 SP0291 Narrative: LR291

12/15/2016: 06:46:52 SP0291 Narrative: VEH-DK GRN 4DR SEDAN, WEST SIDE OF ROADWAY

12/15/2016: 06:46:44 SP0339 Narrative: BCST

12/15/2016: 06:46:19 SP0291 Narrative: VEH VS GUARDRAIL, UNK INJ, NON BLKING





	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E620616	2			
1800 50	1591971	Τ			
	STATE ROUTE OTHER STOLEN LOCAL AGENCY CODING	Ť			
	COUNTY RD PRIVATE WAY PRIVATE WAY TOTAL # OF A OBJECT CHARDRAIL	Ť			
, ]	RESERVATION UNITS U1 STRUCK GUARDRAIL				
	M M D D D Y Y Y Y TIME (2400) COUNTY # MILES    DATE OF   COLLISION   12				
	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.				
	MILE POST	0			
	DISTANCE OF (REFERENCE OR CROSS STREET)  MILES N E W				
	UNIT 01 MOTOR VEHICLE PEDAL-CYCLE PAGE THRESHOLD MET VES NO PONE D: 3609133904	$\top$			
]	LAST NAME WEST FIRST NAME KACEY MIDDLE INITIAL D				
	STREET 38418 SR 530 NE				
	CITY ARLINGTON ST WA ZIP 982239269	1			
	CDL RESTRICTIONS ENDORSEMENTS 2	$\underline{\perp}$			
]	DRIVER'S LICENSE # WEST*KD041N6 STATE WA SEX M D.O.B. MMDDYYYY 08 _ 26 _ 1996	$\downarrow$			
	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 CLASS 1	$\dotplus$			
5	LICENSE PLATE # AUT2466 STATE WA VIN# KMHCG35CX3U274909	+			
	TRAILER PLATE # STATE STATE				
 ]	VEH. YEAR 2003 MAKE HYUN MODEL ACCENT STYLE 2H VEHICLE TOWED YES NO VEHICLE NO TOWED BY YES NO VEHICLE NO TOWED BY DRIVER  REGISTERED OWNER INFO. OWNED BY DRIVER  LABILITY INSURANCE VEHICLE NO. 1 SHADE IN DAMAGE AREA  A POLICY # GEICO 4385197852  VEHICLE TOWED BY  VEHICLE NO. 1 SHADE IN DAMAGE AREA  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
] ]					
] ]					
] ]	UNIT 02 MOTOR PEDAL PEDESTRIAN PROPERTY OWNER PHONE PHONE				
]	LAST NAME FIRST NAME MIDDLE INITIAL				
	STREET NEW ADDRESS	4			
	CITY ST ZIP	$\downarrow$			
	CDL RESTRICTIONS ENDORSEMENTS	$\downarrow$			
]	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY	$\perp$			
]	ONDITY CTATUS APPAG PECT LEGT HELMET INJURY NATURE OF INJURIES				
]	ICENSE STATUS ARBAG RESTR. ESECT USE CLASS				
	TRAILER PLATE # STATE TRAILER PLATE # STATE 1				
	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOYT-VEHICLE NO TOWED BY YES NO TOWED BY	$\dashv$			
	REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAMAGED AREA				
	LIABILITY INSURANCE INSURANCE CO & POLICY #  VEHICLE YES NO CITATION #  CHARGE  CHARGE				
	STANDING   STANDING   STANDING				
	PART A 3000-345-159 R (7/06)				





CORRECTION

CASE #

REPORT NO.

E620616

	•••••	 •••
1972		

2016-00024975

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)							
NAME (LAST, FIRST, MIDDLE INITIAL)							
ADDRESS & PHONE #	SEX D.O.B						
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR.	EJECT HELMET INJURY CLASS NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)							
ADDRESS & PHONE #	SEX D.O.B. — — —						
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR.	EJECT HELMET INJURY CLASS NATURE OF INJURIES						
NAME (LAST, FIRST, MIDDLE INITIAL)							
ADDRESS & PHONE #	SEX D.O.B. MMDDYYYY						
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR.	EJECT HELMET INJURY CLASS NATURE OF INJURIES						
NARRATIVE							
UNIT 1 was traveling southbound in the 1700-block of SR 9 S.E., Lake Stevens, WA. Vehicle left the roadway and struck the guard rail. No damage was observed to the guardrail around area of impact. Damage caused to vehicle was captured and photographs submitted along with this report.							
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)							
G. SHEIN 12-15-16 02:36 PM							
NVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATI							
C. WELLS 0131	12/15/2016 4:50:24 PM						
BADGE OR ID # 0136 ORI # WA0311900	TIME POLICE DISPATCHED 6:44 AM TIME POLICE ARRIVED 6:50 AM						

**REPORT NO.** E620616

CASE#

2016-00024975

DATE AND TIME 0F COLLISION 12/15/16 06:44

